I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV682324245US, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: November 1, 2005 Signature:

Docket No.: MXI-211RCE

(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

M. DiGlorgio)

In re Patent Application of:

Debra Hudson et al.

Application No.: 10/073644

Filed: February 11, 2002

For: HUMAN MONOCLONAL ANTIBODIES TO

FC ALPHA RECEPTOR (CD89)

Confirmation No.: 6293

Art Unit: 1644

Examiner: M. A. Belyavskyi

REQUEST FOR CHANGE OF ATTORNEY DOCKET NUMBER

MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

The Attorney Docket Number of the above-identified patent application has changed. Please take notice that the Attorney Docket Number for this application should now be as follows:

MXI-211RCE

Please reference MXI-211RCE on all future correspondence.

Dated: November 1, 2005

Respectfully submitted,

Jeanne M. DiGiorgio O Registration No.: 41,710

LAHIVE & COCKFIELD, LLP

28 State Street

Boston, Massachusetts 02109

(617) 227-7400

(617) 742-4214 (Fax)

Attorney/Agent For Applicant

NOV 0 1 2005	PTO/SB/17 (12-04v2) Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE ork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.						
Under the Papawork Reduction Act of 1995, no person are required to			Complete if Known				
Effective on 12/08/2004. FEF TRANSMITTAL			Application Number 10/073644-Conf. #6293				
FEE TRANSMITTAL			Filing Date		February 11, 2002		
1	First Named Inventor		Debra HUDSON				
For F	Examiner Name M. A. Belyav			куi			
Applicant claims small e	Art Unit 1644						
TOTAL AMOUNT OF PAYN	Attorney Docket No.		MXI-211RCE				
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order Other (please identify):							
x Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayment of x Credit any overpayments							
fee(s) under 37 CFR 1.16 and 1.17							
FEE CALCULATION							
1. BASIC FILING, SEARCH,			ARCH FEES	EYAM	INATION FEES		
		Small Entity	Small Ent		Small Entity		
Application Type	<u>Fee (\$)</u>	Fee (\$) Fee (\$				<u>Fees Pa</u>	<u>id (\$)</u>
Utility	300	150 500	250	200	100		
Design	200	100 100	50	130	65		
Plant	200	100 300	150	160	80		
Reissue	300	150 500	250	600	300		
Provisional	200	100 0	0	0	0		
2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$)							
<u>ree Description</u>							
Each claim over 20 (including Reissues)						50 200	25 100
Each independent claim over 3 (including Reissues) Multiple dependent claims							180
							160
<u>Total Claims</u> <u>Extra C</u> 20 32 -51 = 0	raid (#)	-	Fee (\$) Fee Paid (\$)				
	× _			-	<u> </u>	<u> </u>	
Indep. Claims			Paid (\$)				•
6 -8= 0	×						
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
- 100 = /50 (round up to a whole number) x =							
4. OTHER FEE(S) Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,020.00							
1801 Request for continued examination (RCE) (see 37 790.00							
SUBMITTED BY							
Signature	u Mo	Gra	Registration No (Attorney/Agent)	41,710) Telephone	(617) 227	-7400
Name (Print/Type) Jeanne M.		<u>\</u> 0			Date	November '	1, 2005
					-		

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Dated: November 1, 2005

Signature:

(Jeanne M. DiGiorgio)